

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4	/							54			
5		/						55			
6		/						56			
7	/							57			
8	/							58			
9	/							59			
10	/							60			
11	/							61			
12	/							62			
13	/							63			
14	/							64			
15		/						65			
16		/						66			
17		/						67			
18		/						68			
19		/						69			
20		/						70			
21		/						71			
22		/						72			
23		/						73			
24		/						74			
25		/						75			
26		/						76			
27		/						77			
28		/						78			
29		/						79			
30		/						80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	8							TOTAL IND.			
TOTAL DEP.	22							TOTAL DEP.			
TOTAL CLAIMS	30							TOTAL CLAIMS			